

DEEP BRAIN STIMULATOR (DBS) STATUS SUMMARY

(Updated 01/25/2023)

Name _____

Birthdate _____

Applicant ID# _____

PI# _____

Please have the treating neurologist complete this summary by entering the information in the space provided. Submit either this summary* or all supporting documentation (which addresses each item below) and **a copy of the most recent device printout indicating the current device settings and status** to your AME or to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300, PO Box 25082,
Oklahoma City, OK 73125-9867

Lead stimulation site e.g., GPi, STN, ViM, CZI _____

(Use a separate page for **each** DBS stimulator lead to report the specific site and information for **each** lead).

1. Diagnosis (Circle one): **Parkinson's disease/ essential tremor/ dystonia/ other** (If other, list)..... _____

2. Date DBS data below was obtained..... ____/____/____

3. DBS manufacturer and model _____

4. Date DBS leads implanted in the brain ____/____/____

5. Battery (Circle one):.....rechargeable/ non-rechargeable

6. Estimated battery longevity..... _____ months

7. If battery was replaced, date of the last replacement ____/____/____

8. Active contacts: _____

9. Impedance for individual active leads..... _____ ohms

10. Total Impedance for active leads..... _____ ohms

11. Voltage (V)..... _____ volts

12. Frequency..... _____ hertz

13. Pulse width..... _____microseconds

14. Patient-controlled setting parameters _____

15. In the past 6 months, has the DBS functioned normally? (NO significant abnormality, impedance, or changes in effectiveness.)Yes__ No__

16. To your knowledge, has the DBS lead(s) or generator been the subject of a recall?.....Yes__ No__

Neurologist signature

Date

*This DBS Status Summary is NOT required; however, it will help to streamline and significantly DECREASE FAA review time.